

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

ESPS manuscript NO: 21268

Title: Neoadjuvant radiotherapeutic strategies in pancreatic cancer

Reviewer's code: 01150514

Reviewer's country: United Kingdom

Science editor: Shui Qiu

Date sent for review: 2015-07-09 09:22

Date reviewed: 2015-08-16 19:25

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Well written review that I enjoyed reading. English of high standards with just some lapses e.g page 10 'Ca19 9 levels due a defect in the gen coding...' so needs some care Clinical Comments I think the author needs to give a slightly more fleshed out perspective of chemotherapy (the article is obviously radiotherapy heavy). The other successful cancer sites he quotes (e.g colorectal and oesophagus) where strategies that he proposes have been more successful have chemo combos attached that have a much higher response rate than gemcitabine. E.g. Folfox given before DXT with capecitabine in bulky rectal cancer and EOX regimens or even the carbo Taxol regimen of the CROSS trial-which are likely to have much greater impact on overall survival in the GOJ setting. This would allow him then the opportunity to assess/speculate on the potential impact of the new treatments for pancreatic cancer (e.g Abraxane-Gemcitabine or FOLFIRINOX) and hence redress the balance a bit away from the current heavy radiotherapy slant, on where progress may come from with neoadjuvant approaches.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

ESPS manuscript NO: 21268

Title: Neoadjuvant radiotherapeutic strategies in pancreatic cancer

Reviewer's code: 00505583

Reviewer's country: United States

Science editor: Shui Qiu

Date sent for review: 2015-07-09 09:22

Date reviewed: 2015-08-17 06:56

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is an excellent review on the subject. It will be nicer if postoperative mortality and morbidity after neoadjuvant radiotherapy can be added to the appropriate session of the manuscript.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

ESPS manuscript NO: 21268

Title: Neoadjuvant radiotherapeutic strategies in pancreatic cancer

Reviewer's code: 00503834

Reviewer's country: Taiwan

Science editor: Shui Qiu

Date sent for review: 2015-07-09 09:22

Date reviewed: 2015-08-18 02:37

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> [Y] Grade B: Minor language polishing	<input type="checkbox"/> [] The same title	<input type="checkbox"/> [] High priority for publication
<input type="checkbox"/> [Y] Grade C: Good	<input type="checkbox"/> [] Grade C: A great deal of language polishing	<input type="checkbox"/> [] Duplicate publication	<input type="checkbox"/> [] Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> [] Grade D: Rejected	<input type="checkbox"/> [Y] No	<input type="checkbox"/> [] Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> [] Major revision
		<input type="checkbox"/> [] The same title	
		<input type="checkbox"/> [] Duplicate publication	
		<input type="checkbox"/> [] Plagiarism	
		<input type="checkbox"/> [Y] No	

COMMENTS TO AUTHORS

This manuscript is about reviewing neoadjuvant radiotherapeutic strategies in pancreatic cancer, and the author conclude that neoadjuvant chemoradiation for locally-advanced, primarily non- or borderline resectable pancreas cancer results in secondary resectability in a substantial proportion of patients with consecutively markedly improved overall prognosis in this subgroup. Nearly two decades ago, pancreas ductal adenocarcinoma is radioresistance. The development of electronic devices with linear accelerator increase precision of treatment and deliver more accurate radiation dose to the tumor. Also it save some dose to the tissue adjacent to the tumor, thus side effect decreased.